



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 6119**
Hideki HARADA : **Docket No. 2001_0457A**
Serial No. 09/840,832 : **Group Art Unit 2835**
Filed July 26, 2001 : **Examiner Y. Chang**
PORTABLE TERMINAL

ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

THE COMMISSIONER IS AUTHORIZED
TO CHARGE ANY DEFICIENCY IN THE
FEES FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

| | SMALL ENTITY | | LARGE ENTITY |
|--|--------------|----|----------------|
| Total Claims exceeding 20 (not already paid for): 10 x | (\$ 9 = \$) | or | (\$18 = \$180) |
| Indep. Claims exceeding 3 (not already paid for): x | (\$42 = \$) | or | (\$84 = \$) |
| <input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): + | (\$140 = \$) | or | (\$280 = \$) |
| Total Additional Fee = | \$ | or | <u>\$180</u> |

- ☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which
☐ is enclosed or
☐ has been previously submitted.

☒ A check in the amount of \$180.00 is enclosed.

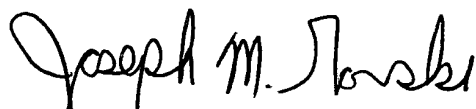
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- ☐ Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Hideki HARADA

By



Joseph M. Gorski
Registration No. 46,500
Attorney for Applicant

JMG/edg
Washington, D.C. 20006-1021
Telephone (202) 721-8200
Facsimile (202) 721-8250
September 23, 2003



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Hideki HARADA : Atty Docket No. 2001_0457A
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PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached hereto is a check in the amount of \$180.00 to cover Patent Office fees relating to filing the following attached papers:

Additional Claims Fee Transmittal Letter

| | |
|------------------------------|----------|
| Excess of Twenty | \$180.00 |
| Independent | \$ |
| Multiple Dependent Fee | \$ |

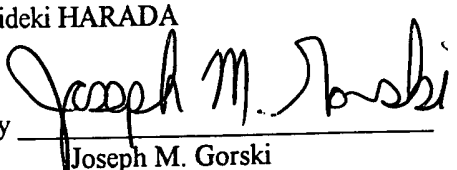
A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

Hideki HARADA

By


Joseph M. Gorski
Registration No. 46,500
Attorney for Applicant

JMG/edg
WENDEROTH, LIND & PONACK, L.L.P.
2033 K St., N.W., Suite 800
Washington, D.C. 20006-1021
Telephone (202) 721-8200
September 23, 2003

[Check No. 57786]

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